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THE OHIO PLAN FOR CHILDREN WITH SPEECH AND HEARING PROBLEMS.

BY- MACLEARIE, ELIZABETH C.

OHIO STATE DEPT. OF EDUCATION, COLUMBUS

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STANDARDS FOR THE ORGANIZATION, ADMINISTRATION, AND EVALUATION OF A SCHOOL PROGRAM FOR SPEECH- AND HEARING-HANDICAPPED CHILDREN HAVE BEEN ADOPTED BY THE OHIO STATE BOARD OF EDUCATION. THIS PUBLICATION PRESENTS THESE STANDARDS AND THE RESPONSIBILITIES OF THE STATE SUPERVISOR, THE COORDINATOR, THE PRINCIPAL, THE CLASSROOM TEACHER, AND THE SPEECH AND HEARING THERAPIST. THE QUALIFICATIONS AND CERTIFICATION REQUIREMENTS OF SPEECH AND HEARING THERAPISTS, AS WELL AS THERAPISTS' RELATIONSHIPS WITH SCHOOL PERSONNEL AND THE COMMUNITY, ARE DISCUSSED. GUIDELINES FOR SELECTION AND SCHEDULING OF STUDENTS, PLANNING THE INSTRUCTIONAL PROGRAM, AND RECORDS AND REPORTING ARE PRESENTED. LISTS OF AGENCIES IN THE FIELD OF SPEECH AND HEARING ARE INCLUDED AS IS THE CODE OF ETHICS OF THE OHIO SPEECH AND HEARING ASSOCIATION. (FL)

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STATE BOARD of EDUCATION • OHIO •

Issued By

E. E. HOLT

Superintendent of Public Instruction
Ohio Department of Education
COLUMBUS 15, OHIO

Revised

1964

THE OHIO PLAN
for CHILDREN with
SPEECH AND HEARING
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by

ELIZABETH C. MacLEARIE
Educational Specialist, Speech and Hearing Therapy

STATE BOARD of EDUCATION · OHIO ·

HAROLD J. BOWERS
Assistant Superintendent of Public Instruction

R. A. HORN
Director, Division of Special Education

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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FOREWORD

Since 1945 the Division of Special Education in the State Department of Education has offered assistance to schools throughout the state in their speech and hearing therapy programs. This specialized program for children with speech and hearing problems provides the best means yet devised for helping them solve or adjust to their speech and hearing difficulties. The framework within which the program must operate has been determined for the most part by legislative regulation. Present standards for the administration of the program were adopted by the State Board of Education in April, 1960.

"The Ohio Plan for Children with Speech and Hearing Problems" has been issued to help you in planning local speech and hearing programs and represents the best thinking of administrators and specialists in the field. We hope you will find it pertinent and informative.

E. E. Holt
Superintendent of Public Instruction

ADVISORY COMMITTEE ON PREPARATION

Speech and Hearing Therapists

Mrs. Charlotte Forster—Cleveland Heights

Mrs. Elizabeth Noblitt—South-Western City

Mr. Ronald Williams—Oberlin

Mrs. Doris White—Columbus

Administrators of Speech and Hearing Therapy Programs

Mr. David Dawson, Director of Pupil Personnel, South-Western City

Mrs. Dorothy Norris, Directing Supervisor, Major Work Classes and Speech and Hearing Therapy, Cleveland

Mr. E. F. Reichelderfer, Supervisor, Child Study and Counseling, Columbus

Miss Hilda Stocker, Elementary Supervisor, Cuyahoga County

Mr. William VanHoose, Director, Child Study and Guidance, Akron

University Staff Members

Miss Betty Neidecker, Assistant Professor, Dept. of Speech, Bowling Green State University

Dr. Paul H. Ptacek, Associate Professor of Hearing and Speech Therapy, Western Reserve University

Dr. Virginia Sanderson, formerly Professor of Speech, Ohio State University

Mr. William Weidner, Assistant Professor, Dept. of Speech, Kent State University

Ohio Department of Health

Mr. William Grimm, Chief, Hearing and Vision Conservation Unit

Dr. Margot D. Hartmann, formerly Chief, Child Hygiene

Ohio Department of Education

Mr. Raymond Horn, Director, Division of Special Education

Miss Christina Jones, Educational Specialist, Deaf and Hard of Hearing

Miss Elizabeth C. MacLearie, Educational Specialist, Speech and Hearing Therapy (Chairman)

Many other persons than those listed above have given helpful suggestions concerning the format and content of this bulletin and their comments have been very much appreciated.

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INTRODUCTION

Significance of Speech

The ability to speak is a distinctly human characteristic. Not only is this ability unique in man, but it is considered the most complex sensory-motor activity in which man engages. Communicative skills are essential in the development of well-balanced and integrated personalities capable of coping with the problems of present day living. The fundamental processes underlying these skills include the ability of the individual to hear in the speech range, to think and to use language, to articulate intelligibly, to adjust to the speaking situation and to use voice adequately.

Impairment in the ability to communicate with others is likely to have profound educational, social, or emotional consequences. Children with speech problems often require intensive and extensive treatment. Not only must the speech and hearing therapist be thoroughly grounded in the basic processes involved in the production and reception of speech and the remediation of the variations of these processes, but he must have an understanding of the forces and conditions which create and perpetuate defective speech.

Children with communication problems far outnumber those with other types of handicapping conditions. Public school enrollment in Ohio, as listed in the 1959-60 Educational Directory, was 1,847,452. Conservative estimates indicate that 5% or 92,373 children had speech problems of such severity that they were certain to go through life at a serious disadvantage if not given appropriate remedial attention. Of this number 28,723 were enrolled in speech and hearing therapy classes. An additional 5% had speech defects classified as less severe.

Unfortunately there are indications that the incidence of communication disorders is on the increase. One important factor contributing to the increased incidence of school-age problems is the fact that more people are surviving the hazards of birth, but not surviving unscathed. A higher survival rate appears to reflect itself in a higher incidence of delayed speech and/or language development.

The high incidence of communication handicaps and their stultifying effect on the child's potential for development is a challenge to the school and society. The complexity of the handicap and the process of alleviating it is an imposing challenge to the speech and hearing therapist.

Identification of Speech Disorders

Speech therapy is the treatment of consistent deviations from the normal. The speech and hearing therapist attempts to eliminate undesirable attitudes toward speaking and unfavorable articulation or voice patterns which may call attention to the speaker, interfere with his intelligibility or cause him to be maladjusted. Concomitant with speech rehabilitation is hearing therapy which provides speechreading (lipreading) skills and auditory training for children whose hearing loss is categorized as mild to moderate in the speech range.

Difficulties in speech may occur in one or a combination of the four parameters of speech. These are articulation, phonation, rhythm, and symbolization. Thus there can be disturbances in the ability to form the sounds of our language; disturbances in the functioning of the voice producing mechanism which provides the basic acoustic energy for speech; disturbances in the rhythmical pattern involved in speaking or disturbances in the ability to convert sense impressions into symbols which are expressed in patterns of speech.

This bulletin can only delineate briefly the problems presented in each area and the therapist's role in their amelioration without attempting to discuss specific techniques of therapy.

Organic Speech Problems

Speech disorders are often classified as organic or functional, even though it is recognized that an organic disorder is defined as one caused by some structural or physiological abnormality and differs from the purely functional disability in which there is no seemingly physiological cause involved. Speech therapists encounter a number of these organic problems in the schools and must become increasingly competent in dealing with them. Among the more frequent organic factors influencing the production of speech are:

Cleft Palate. The cleft is due to the non-union of the tissues of the hard and/or soft palate, sometimes extending to include the upper lip. Since many speech structures are involved there is serious alteration in the process of articulation and resonation. Auditory impairment is sometimes an accompaniment. Cleft palate and cleft lip may be present singly or together and may range in severity from extreme to relatively slight. The therapist will render greatest assistance after prosthetic service or reconstructive surgery has been provided, and will be called upon to work with the total speech act. Articulatory procedures used should bring about improvement not only in intelligibility but in the quality of voice. Helping the parents understand the child's needs, recommending and furthering medical attention and encouraging the child to a right attitude toward his disability are also important services.

Cerebral Palsy. Authorities do not entirely agree on a definition of cerebral palsy. It has been defined as[1] "an aggregate of handicaps, i.e., emotional, neuromuscular, special sensory and peripheral sensory, caused by damaged or absent brain structures." Psychological dysfunction, including mental retardation, is great among the cerebral palsied population. Since speech is a motor function, all types of cerebral palsied children show a high incidence of speech impairment. A small percentage of these children also have hearing impairment. The complexity of the factors involved, as well as the great variations among individuals, points to a plan for speech and hearing therapy based on a team approach.

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[1] W. M. Cruickshank, "Cerebral Palsy," Syracuse University Press, 1955, p. 2.

Voice Disorders Associated With Organic Abnormalities.

Voice disorders comprise deviations in the use of pitch, loudness, and quality. The pitch may be markedly higher or lower than is found in others of the same age or sex; it may be monotonous, consistently tremulous or reveal unusual melody patterns. The voice may be too loud or not loud enough in relation to the situation or circumstance, or may reveal inappropriate variation. Voice quality may be breathy, hoarse, hyper or hyponasal. Examination by a laryngologist must precede therapy and will help to distinguish between voice disorders psychological in nature and those which have organic cause.

Speech and Voice Disturbances Due to Hearing Loss.

A detailed discussion of these problems will be found in Part IV. It may be pointed out here that the twice a week therapy sessions provided by the speech therapist cannot take the place of special class or school placement which provides much more assistance on a daily basis for children with moderate to severe hearing impairment. These children become the responsibility of the speech therapist after dismissal from the special class due to having received maximum benefits from it or promotion to junior or senior high school. The therapist then serves as a liaison person between these children and school personnel to aid in their school adjustment. Where indicated, they may be enrolled in speech therapy class to maintain speech and voice patterns and to have speechreading lessons planned around difficult technical terms encountered in their regular school work.

Speech Disorders Associated With Delayed or Disturbed Language Development. Aphasic speech is a term used by some speech pathologists to describe language disorders deriving from organic impairments, and which "include all degrees of disturbance of the use of the verbal symbol."[1] Comparatively recent surveys have revealed the presence of numbers of children in the schools who are **aphasic** but who are often categorized as **mentally retarded or deaf.** While some may be both, there is ample evidence that an aphasic child may be of normal or even superior intelligence, but is not likely to be recognized as such without careful study. The fact that these children have difficulty with oral communication brings them to the attention of the speech and hearing therapist, even though aphasia is not a speech disorder as such, but rather an inability to relate language symbols to experience. Therapists need to acquire much more knowledge of this most challenging of organic disturbances than they now possess. They must work closely with neurologists, psychologists, and audiologists in making the diagnosis. These children cannot be dismissed as beyond the scope and concern of the therapist so long as they are to be found in the schools with no other service provided.

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[1] Myklebust, Helmer, Handbook of Speech Pathology, New York: Appleton-Century, Crofts, Inc., Chapter 15, p. 507.

Functional Speech Problems

A variety of functional or environmental factors may also contribute to the faulty production of speech. Frequently listed causes are poor speech standards in the home, poor speech models, inadequate stimulation and emotional conflicts. A working hypothesis must be established for each individual.

Defects of articulation comprise approximately seventy percent of all children receiving speech rehabilitation in public schools. These defects vary in severity from complete unintelligibility to defective production of one or two sounds. They may be of the following types:

Substitution of one sound for another as "wed" for "red" or "yady" for "lady."

Omission of sounds as "ittle" for "little" or "top" for "stop."

Distortion of sound as "whistling" **s** or lateral emission of the air for **s.**

Addition of sounds as "bulue" for "blue."

Defects of rhythm, stuttering, or cluttering, are terms used to describe speech that is hesitating or stumbling in delivery. To the speech therapist the definition of stuttering[1] is not complete unless it is qualified by three statements: (1) the stutterer has no discernible physical or mental abnormality; (2) he is aware that his way of talking is unnatural and constitutes difficulty; and (3) he is trying to avoid difficulty by attempting to force trouble-free speech.

By this definition the developmental hestitations of a child learning to talk are not stuttering.

When the speech therapist has determined that hesitations, prolongations or blocking types of speech production are being extended past the time required for the establishment of adequate speech patterns, he may wish to work through the problems presented in an indirect approach. These children will be included in the case load but may not necessarily be enrolled in a speech class. Rather the allocated time may be devoted to working with parents and teachers and exploring environmental and other factors which may be contributing to the speech problem.

Children exhibiting speech symptoms defined as stuttering will need to be enrolled in group and/or individual therapy. The proportion of time required for direct therapy usually increases with the age of the child. Hope for the establishment of normal speech is much greater with the beginning than with the confirmed sutterer.

Role of the Therapist in the Speech Improvement Program

The scope and complexity of the problems encountered in the field of speech and hearing as well as the number of children needing assistance in overcoming their speech handicaps limits the time which the therapist can devote to the area of speech improvement.

The less complex problems involved in a speech improvement program may include slovenly speech, dialectal differences, colloquilisms, excessive use of slang, errors in pronunciation, and ungrammatical usages. If a child is able to make all sounds in our language acceptably and does so in most words, but omits or substitutes some sounds inconsistently, he would probably benefit from speech improvement activities. A speech improvement program includes all children in a given group rather than a selected few who require the individual attention of a speech and hearing therapist. While it is certainly advantageous to have the help of a speech specialist in planning and executing a program of speech improvement, it must remain the duty of the classroom teachers to carry out the program independent of any actual participation by the speech and hearing therapist.

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[1] Stuttering Words, 1960, Speech Foundation of America, 152 Lombardy Road, Memphis, Tennessee.

The activities of a speech improvement program should result in the improvement of general intelligibility, of production of individual sounds, of vocal quality, and of attitudes toward all speaking situations. Speech skills should be given particular emphasis in the language arts curriculum of the regular school program. No one teacher in the public schools can achieve the goal of adequate speech for all children; all teachers must participate.

In order to assist in the development of the speech improvement program, the therapist may:

Encourage classroom teachers to take courses which will enable them to meet effectively the speech needs of their children and to gain insight into their own speech and voice patterns.

Make arrangements with a nearby university for extension courses in speech designed to meet the needs of classroom teachers.

Conduct a series of in-service training meetings for the classroom teacher in which speech improvement activities may be demonstrated. This is usually not advisable for beginning therapists with no teaching experience in public schools.

Plan with the teacher specific techniques which may be used to develop acceptable speech in all activities of the classroom if requested to do so.

Provide opportunity for the teacher to observe classes in speech therapy.

Suggest classroom activities which could supplement the speech and hearing therapy program.

Part I

GUIDE FOR ADMINISTRATORS

Chapter 1

THE ESTABLISHMENT OF SPEECH AND HEARING THERAPY PROGRAMS

Legal Basis

The legal basis for the establishment of speech and hearing therapy programs may be found in Section 3323.01 of the Ohio Revised Code. Section 3323.02 provides for the establishment of standards, inspection and supervision of these programs by competent persons selected by the State Board of Education.

Section 3317.05T provides that each special education unit or fraction thereof in speech and hearing therapy maintained by such school district or county board of education and approved annually by the state board of education shall be counted as one approved teacher unit or fraction thereof.

State Financial Support

Special education units for speech and hearing therapy are additional units above the number of teaching units to which a district may be entitled under the Foundation Program.

The amount of state funds for each speech and hearing therapy unit will be in accordance with the current provisions of the School Foundation Program. All costs of the program such as those for audiometers, tape recorders, equipment for speech therapy rooms, supplies and transportation of the speech and hearing therapist are paid by the local school district.

Determining Need

Surveys made by speech therapists and staffs of university speech clinics in Ohio have found 12 to 17% of children surveyed to have speech and hearing problems of varying degrees of severity. A conservative estimate would indicate that 5% of the total school population would need speech habilitation.

A very important factor in the success of any program is the importance attached to it by the school, home, and community. The administrator seeking to initiate speech and hearing services would do well to ascertain the readiness of the school staff and community for the program and to provide information concerning the type and scope of service rendered. The State Supervisor of Speech and Hearing Therapy is available upon request to discuss the operation of a public school program with the administrative staff.

Determining Number of Units

A balanced program provides services to children in grades kindergarten through twelve. State Board of Education standards permit school districts having an enrollment of 2000 students to employ a speech therapist full time. This minimum enrollment was designed primarily for county districts whose buildings are so situated that considerable travel is involved. A more realistic basis for a continuing program is an enrollment of 2000-2500. Generally speaking, school systems with relatively large enrollments can provide adequate service on the basis of one speech therapist for every 2500-3000 school enrollment. The case load is usually lower in proportion to enrollment in school districts having long established programs and fairly stable school population.

The number of children needing speech therapy, the severity of their problems and the number of buildings to be served should be considered in the establishment of the program. The number of units needed by a particular district may be determined by a survey by a speech and hearing therapist or by the staff of a nearby university center instructing speech and hearing therapists.

Yearly evaluations need to be made to determine the adequacy of a program.

Determining the Number of Buildings Per Unit

Where the number of buildings in a school district exceeds the number which one speech therapist can serve adequately, selection of buildings must be made by administrative decision (see Chapter 5). The limitation of the number of buildings served by one therapist is designed to cut travel so that the time and energy of the therapist may be devoted to the therapy aspects of the program.

Employing Speech and Hearing Therapists

Communities having small school enrollments may combine to share the services of one speech therapist. Apportionment of time among the combined districts can be made on the basis of the number of children with speech problems and the type and severity of the speech disorders. The county superintendent may assume the leadership in assisting local executive heads in the development of joint programs.

A speech therapist may be employed on a part-time basis when it does not seem feasible to share services with another community.

Speech and hearing therapists may be employed by county boards of education. The number of buildings in which they work and case load must be within the standards established by the State Board of Education.

The salary of a speech and hearing therapist is usually the same as that of classroom teachers based on preparation and experience, plus an allowance for travel. Whenever a shortage of therapists exists, positions become highly competitive. Not only must school districts compete against each other, but they must also face the demands of other public agencies and private speech clinics within the state offering higher salaries. School systems having the policy of differentials in salaries for personnel in special fields include the speech therapist in this category.

Notification of termination of the services of a speech and hearing therapist will assist the State Supervisor in channeling applications received at the state office to districts indicating vacancies.

Since the demand for speech therapists greatly exceeds the number of those qualified, many superintendents interview prospective candidates for positions in February or March preceding the September employment.

Approved Universities

There are eight universities in Ohio approved by the State Board of Education for the preparation of speech and hearing therapists. These centers are:

University of Akron, Akron
Bowling Green State University, Bowling Green
University of Cincinnati, Cincinnati
Kent State University, Kent
Miami University, Oxford
Ohio State University, Columbus
Ohio University, Athens
Western Reserve University, Cleveland

While many universities in other states prepare students who are able to qualify for the Ohio Provisional Certificate in Speech and Hearing Therapy, others do not. Certification of the therapist should be assured before the contract is signed.

Securing Approval of Units

Application forms for the approval of speech and hearing therapy units are mailed in August to superintendents of school districts with established programs and to those superintendents who have notified the Division of Special Education of the establishment of new programs. These forms must be returned in duplicate to the Division of Special Education by October 1st of each school year. After approval (or rejection) one copy will be returned to the superintendent and the other copy filed with the Division of Special Education.

County superintendents wishing to process the forms for approval through their offices should so notify the Division of Special Education. Copies of forms will be sent in triplicate with two copies being returned to the county superintendent who will forward one copy to the local executive head.

Briefly stated, the steps leading to the establishment of an approved speech and hearing program are:

1. Readiness for the program. This may be determined by (a) discussion of need with administrative and teaching staffs; (b) explanation of type and scope of services provided by the program by university speech staff members, speech therapists from a neighboring program or state supervisor of speech and hearing therapy to administrative and teaching staffs or other interested groups.
2. Provision in the budget for carrying the expense of the program until the January distribution of state funds. This will include: (a) travel for the therapist; (b) allotment for purchase of materials and equipment.
3. Employment of a certificated speech and hearing therapist.
4. Notification of the State Supervisor of Speech and Hearing Therapy of the employment of a speech therapist and the procurement of approval from the State Board of Education.
5. Provision of adequate room and furniture as specified in the standards in each building in which the therapist works.
6. Appointment of a coordinator for the program (within the table of administrative organization) to assist the speech therapist in the development and evaluation of the program.

Chapter 2

STATE STANDARDS

The following standards, adopted by the State Board of Education in April, 1960, are considered minimum for an effective program. They were formulated by committees of persons concerned with the administration, supervision and education of speech and hearing therapists in Ohio. Consideration was also given to recommendations made by experienced speech therapists on a questionnaire submitted to them. These standards were further reviewed by a committee of local supervisors of special education programs from all sections of the state.

Administrators desirous of maintaining programs of high excellence will establish goals beyond these minimums.

9.0 Units for Speech and Hearing Therapy

9.1 **General**

9.11 A special education unit or fractional unit shall be approved for speech and hearing therapy within these standards.

9.12 A special education unit or fractional unit may be approved for experimental or research unit designed to provide a new or a different approach to the techniques and/or methodology related to speech and hearing therapy.

9.2 **Eligibility**

9.21 A full special education unit in speech and hearing therapy may be approved on a basis of a minimum school enrollment of 2000.

9.22 School districts employing 8 or more speech therapists may designate one therapist as coordinator of the group for technical assistance and professional guidance. The case load of such person shall be correspondingly lowered

9.23 Two or more districts may work out a cooperative arrangement for the employment of one speech therapist.

9.24 The number of centers in which a speech therapist works should be determined by the enrollment of the building and needs of the children. Four centers are recommended and the maximum shall not exceed **six**.

9.25 Selection of children included in the program for speech therapy shall be made by the therapist since he has the training necessary to identify and diagnose speech and hearing disorders.

9.26 The bases for selection of children for speech **therapy** shall be:

- 9.261 Diagnostic speech test, including observation of the speech structures
- 9.262 Audiometric test
- 9.263 General examination by school or family doctor when indicated.
- 9.264 Psychological study when indicated.

9.27 Bases for selection of children for speechreading (lipreading) aud auditory training shall be:

- 9.271 Individual audiometric test
- 9.272 Otological examination (copy of report filed with the speech therapist)
- 9.273 Children whose hearing loss in the better ear ranges from 20 to 40 decibels in the speech range shall be eligible for speechreading (lipreading) and auditory training by the speech therapist.

9.3 Class Organization

9.31 The case load of one therapist, who devotes full time to the program, shall be limited to a maximum of 100 children at any one time. The

9.3 Class Organization

9.31 The case load of one therapist, who devotes full time to the program, shall be limited to a maximum of 100 children at any one time. The range may be from 75-100. The case load is determined by the number of children needing therapy, age and grade range of children, severity and type of disorder, as well as the travel time involved between schools.

9.32 For elementary children initially enrolled a minimum of two periods weekly shall be maintained until such time as good speech patterns are fairly consistently maintained. Children may be seen less frequently in the "tapering off" period. Periodic assessment of children dismissed as corrected should be made over a two-year period.

9.33 Children enrolled in junior and senior high school classes may be scheduled once a week. Twice weekly sessions are desirable where scheduling permits.

9.34 Children should not be dropped from therapy before optimum improvement has been reached as a means of serving more children than the program is designed to serve.

9.35 Length of Class Periods. A minimum of 30 minutes shall be required for children seen in groups. Individual lessons may be 15-30 minutes. If desired, junior and senior high school students may be scheduled for same length of time as regular classes.

9.36 Size of classes shall be limited to a maximum of 5.

9.4 Housing

9.41 A quiet well lighted and well ventilated room with an electrical outlet shall be provided in each center where the therapist works.

9.42 The space in each center where the speech therapist works shall be provided with:

- 5 medium size chairs
- 1 table to fit chairs
- 1 teacher's chair
- 1 bulletin board
- 1 large mirror hung low or mounted on a standard so that teacher and children may sit before it.

9.43 School districts shall make available for the use of each speech and hearing therapist:

- 1 portable individual pure tone audiometer. Speaker attachment should be included in new equipment so that it may be used for auditory training.
- 1 file or cupboard which may be locked
- 1 portable tape recorder

9.5 Coordination Time

9.51 One half day or equivalent time per week shall be allocated for coordination of the program.

9.6 Teacher Qualifications

9.61 All speech and hearing therapists shall hold the special certificate in speech and hearing therapy.

9.62 Speech and hearing therapists shall be representatives of good speech, free from defects or distracting mannerisms. Hearing shall be within the range of "normal". They should be able to communicate effectively, both orally and in writing.

Chapter 3

ADMINISTRATION OF THE PROGRAM

The success of any program for speech and hearing therapy will depend as much upon the guidance provided by the local administrators as upon the skills and competencies of the speech therapist. The superintendent must accept the responsibility for over-all guidance of the program or appoint a member of his administrative staff for this purpose.

Responsibilities of the Coordinator

The speech therapist is trained to work in a relatively less structured framework than the classroom teacher. He works cooperatively with the school psychologist, nurses, teachers and others in public and private agencies to secure additional information and services for children with speech problems. Although public school programs in this specialized area are of such recent date that many districts may not have anyone in a supervisory position who is familiar with the techniques of speech and hearing therapy, the coordinator of the program will be able to assist the speech therapist in the development of a smoothly functioning program. His duties will include:

1. Assigning schools and assisting in the scheduling of buildings served.
2. Conferring with principals to secure adequate rooms for speech therapy classes. (standard 9.41)
3. Arranging for furniture and equipment for each room in which the therapist works. (Standard 9.42)
4. Making available some secretarial help for mimeographing explanatory materials.
5. Recommending inclusion in the budget of a sum for purchase of materials and current literature for the professional libraries of schools as requested by the speech therapist.

6. Assisting in the integration of speech and hearing services in the total school program by:
   - a. Acquainting the speech therapist with school personnel.
   - b. Informing the therapist of school policies and procedures.
   - c. Giving the therapist opportunity to interpret the program to professional and lay groups.
   - d. Helping the therapist to assist the classroom teacher in follow up of work done in speech class when indicated.
   - e. Helping the school staff to develop a favorable attitude toward the speech and hearing program.
7. Assisting the speech therapist in the establishment and maintenance of records and reports dealing with the work and status of the program. (See Chapter 8)
8. Keeping informed concerning the schedule of the therapist.
9. Keeping informed concerning the use of coordination time.
10. Visiting speech therapy classes at intervals to keep informed concerning the problems facing the therapist.
11. Setting up periodic conference periods with the the therapist.
12. Providing headquarters for the therapist at the central office or a scheduled school.

Responsibilities of the Principals

The speech therapist is responsible to the principal of each building in which he works. The whole-hearted assistance of the principal is a major factor in the establishment and maintenance of a successful speech and hearing therapy program. His attitude is usually reflected by the teachers. The principal may give needed support to the speech and hearing therapist by:

1. Providing adequate room, furniture and equipment. Children uncomfortably seated are restless and cannot work up to their capacity.

2. Arranging for the exclusive use of the assigned room by the speech therapist on the days he is scheduled for this school. Therapist and children cannot do good work under a constantly shifting environment.

3. Helping the therapist set up his class schedule. In school districts employing other special teachers, the principal must help the therapist resolve the conflicts in schedules.

4. Arranging insofar as possible, that special events such as movies and field trips which may interfere with attendance in speech class be scheduled on days the therapist is not in the building.

5. Notifying the therapist in advance of any activities which prevent children from attending speech class so that the time may be used for parent conferences or invidual lessons to children needing extra help.

6. Making the therapist feel a part of the school staff by assignment of a mail box so he may receive information and bulletins given other teachers, be notified of teachers' meetings, be included in school social events and parent and community programs.

7. Giving the therapist pertinent data regarding the family background or scholastic record which may give him insight in dealing with children with speech and hearing problems.

8. Arranging for psychological study of children recommended for such study by the therapist.

9. Helping to coordinate the work of the therapist with other special services available in the school system.

10. Arranging for the speech therapist to talk to teacher, parent and other community groups.

11. Encouraging the classroom teachers to send children promptly to speech class, to carry out follow-up suggestions made by the therapist and to consult the therapist regarding problems related to speech and language development of all children.

12. Arranging for teachers to visit occasionally the speech class which their children attend, so they may follow up therapy more intelligently.

13. The principal may give the speech and hearing therapist further support by discussing with the classroom teachers their role in the speech therapy program. The following suggestions may be mimeographed and distributed to the teachers if desired.

Role of the Classroom Teacher

The length of time children are enrolled in speech habilitation classes may often be shortened by the interest and participation of the teacher in the program. Because of limitations of time and preparation, the classroom teacher cannot be expected to do speech therapy. The following suggestions, within the time and ability of the teacher to do, can greatly increase the efficiency of the program. The teacher should:

1. Report children with speech problems who entered school late or were overlooked in the initial survey.
2. Furnish the therapist with any information concerning the personality, home or school background of the child which might have a bearing on the speech problem.
3. Plan with the therapist for the best time for the children to have speech class. The therapist will attempt to schedule speech classes at a time convenient for the teacher, but since speech therapy is scheduled twice a week, this is not always possible.

4. Help instill in the child a desire to go to speech class and remind him to go promptly.
5. Develop a good attitude on the part of other children toward those with speech problems.
6. Visit speech class at least once a year to observe how the therapist works with the children.
7. Suggest how speech class activities may be coordinated with those of the classroom. For example, oral reports might be practiced in speech class.
8. Plan field trips, movies or special programs at a time other than that scheduled for speech therapy. If it is necessary for the child to be absent, inform the therapist ahead of time so he may plan extra help for other children.
9. Encourage the daily habitual use of newly acquired speech patterns. The therapist will suggest follow-up techniques.
10. Attend meetings conducted by the speech therapist.
11. Enroll in university speech improvement courses designed to improve the teacher's speech proficiency and to enable teachers to work with minor articulatory problems.

Chapter 4

EVALUATION OF THE PROGRAM

The process of evaluation is a continuous one. Informal on the spot appraisals of the work of the speech and hearing therapist are constantly being made by administrators, teachers, parents and children through casual daily contacts. Many of these appraisals are never openly discussed. Some more formal type of evaluation should be made at intervals to determine to what extent the speech and hearing needs of children are being met and to ascertain what changes could be made to improve the program. The atmosphere in which this appraisal takes place must be such that it results in professional growth of the therapist.

Improvement in the speech and hearing program usually comes through the improvement of the therapist. In order to improve his teaching effectiveness he needs to:

1. Be aware of his problems.
2. Be dissatisfied with his method of teaching, or the selection and use of materials in those areas in which he considers himself weak.
3. Be sincere in his desire to change concepts and teaching practices where indicated in order to effect improvement.
4. Be able to discipline himself to follow through on the suggestions made by the supervisor for the betterment of the program.

Increased emphasis is being placed on the up-grading of professional staff. Many school systems have developed forms for the evaluation of teachers. While there are general principles underlying all good teaching, applicable to all areas of education, an evaluation form slanted more specifically toward the work and techniques of the speech and hearing therapist may help the local administrator to make a better assessment of the effectiveness of persons working in the field of speech and hearing therapy.

The following form for the evaluation of the work of the speech and hearing therapist may be secured from the Division of Special Education upon request. Speech and hearing therapists may find this form useful for periodic self-appraisals.

GUIDE FOR EVALUATING PROFESSIONAL GROWTH AND TEACHING EFFECTIVENESS OF THE SPEECH AND HEARING THERAPIST

I. PERSONAL QUALITIES

A. Individual Characteristics

1. Appears appropriately dressed and well-groomed before students.
2. Has well-modulated voice of good quality.
3. Has speech free from defects: hearing is "normal".
4. Uses adequate vocabulary and English free from errors.
5. Maintains a well-poised manner in the face of petty annoyances.
6. Evidences judgment and tact.
7. Is punctual and dependable.
8. Practices the kind of good manners that come of a thoughtful awareness and consideration of others.
9. Shows enthusiasm for the field of speech and hearing.
10. Has hobbies and interests other than his profession. Keeps abreast of current events.

B. Therapist-Pupil Relations

1. Understands and shows sincere interest in children.
2. Avoids discussion with others of children's speech difficulty in their presence.
3. Creates an atmosphere in which children feel free to discuss their problems.
4. Commends or praises more than rebukes.

5. Goes out of way to help unattractive or troublesome students.
6. Deals with children in a kindly, firm and impartial manner.

C. **Therapist-Staff Relations**

1. Supports the accepted policy of the school without derogatory or private comments.
2. Works with other teachers on school projects without undue concern as to who gets the credit.
3. Goes out of way to volunteer assistance or to help others.
4. Attends as many teachers meetings as schedule permits.
5. Makes friends with other teachers and joins in their social activities.
6. Cooperates with other personnel concerned with child welfare.
7. Seeks advice from principals and supervisors.
8. Welcomes constructive criticism and profits from it.
9. Makes well-organized written reports to administrators at regular intervals concerning status of the program.
10. Informs principal prior to change in schedule.

D. **Therapist-Community Relations**

1. Participates in community affairs in some fashion such as: joining church, clubs and civic groups.
2. Establishes good working relationships with other agencies concerned with child welfare.
3. Gives talks to civic groups concerning the speech and hearing program.
4. Under guidance of the superintendent prepares articles for the press concerning progress of the program.

5. Supports and participates in parent-teacher groups.
6. Maintains close contact with parents of children enrolled in therapy through home calls and interviews at school.
7. Conducts parent counseling with an awareness of parents' viewpoints and in a manner conducive to good will, and to improved pupil growth.
8. Assumes just share of community financial responsibilities.

II. PROFESSIONAL QUALITIES

1. Belongs to and is active in state and national associations of speech and hearing therapists and to other educational organizations.
2. Is alert to finding new materials and projects with which to enrich teaching.
3. Adds to professional library each year.
4. Attends district, state and national educational conferences insofar as finances permit.
5. Adheres to the accepted ethical standards of the profession.
6. Has established program in conformance with minimum standards established by the State Board of Education.

III. TEACHING PERFORMANCE

A. **Class Management**

1. Begins and ends each class on schedule.
2. Requires children to enter and leave class in an orderly manner.
3. Maintains a warm friendly atmosphere which promotes pupil confidence without loss of dignity.
4. Schedules each child in a group (or individually) which permits him to work to capacity.

5. Encourages and guides each child in getting and working toward appropriate goals for himself.
6. Wastes no time in changing from one activity to another.
7. Disciplines in such manner as to encourage pupil self-control.
8. Makes the place in each school where speech class is held as attractive as possible.
9. Displays pictures and materials which are meaningful in terms of work being done.
10. Keeps consistent and accurate records of work being done.
11. Has established (under supervision of the local administrator) a system of permanent records in line with those used by the school.
12. Keeps own speech to a minimum.

B. **Teaching Techniques**

1. Begins therapy only after complete diagnostic speech and hearing tests have been given.
2. Adapts activities to the age and speech development of the children.
3. Organizes each lesson so that each child is participating at his level of ability.
4. Shows evidence of careful lesson planning. Uses a variety of techniques. Varies work from group to group according to need.
5. Uses progress charts to maintain interest when need is indicated.
6. Motivates home practice by assignment of work within the child's ability to do.
7. Keeps the classroom teacher informed of the children's progress and gives her directions for follow-up that are simple and within her time and ability to carry out.
8. Correlates speech class activities with those of the classroom, playground, and home.
9. Shows ability to solve own teaching problems.

Chapter 5

THE ADVISORY AND SUPERVISORY ROLE OF THE STATE SUPERVISOR

The professional staff of the Division of Special Education has a direct mandate from the Ohio Legislature and the State Board of Education to ascertain that minimum state standards are met in local programs which are partially or fully reimbursed through the state foundation program. Since approval for state foundation money is dependent upon the maintenance of State Board of Education Standards, the role of the State supervisor of Speech and Hearing Therapy and other regional representatives of the office of the Division of Special Education should be construed as one of professional leadership.

Visits are made to local school districts employing speech and hearing therapists to assist the administrators in the identification, development and maintenance of speech and hearing therapy programs of high quality. These duties may include:

1. Working with the therapist and administrators in setting up the program.
2. Appraising the speech therapy program.
3. Assisting the therapist in working out special services or programs for children whose needs are not being met.

Following each visit written reports are sent to local executives heads and county superintendents.

The second area of responsibility is that of over-all implementation of the program through:

1. Conducting or assisting in the planning of needed in-service training programs through area and state meetings.

2. Assisting in the preparation and dissemination of needed professional literature and materials to speech therapists, teachers and parents.
3. Appointing and working with ad hoc advisory committees to explore methods for improvement of the speech and hearing program locally and state wide.
4. Identifying emerging needs in speech and hearing therapy programs.
5. Encouraging the development of pilot studies and experimental research designed to find better ways of meeting the problems presented.
6. Assisting in the evaluation of pilot studies and recommending modifications or changes.
7. Extending present programs.
8. Compiling reports dealing with the status and needs of the program.
9. Writing, and encouraging others to write, articles pertinent to this field.
10. Developing plans for a continuing program of recruitment. Disseminating career bulletins.

The third area of service of the State Supervisor is working with university staff members responsible for the preparation of public school speech and hearing therapists. Assistance in the development of adequate pre-service professional programs may be given through (1) talks to students in the methods classes concerning standards and working conditions in public school programs; (2) assisting in the evaluation and improvement of existing professional curricula; (3) assisting in the development of new professional curricula; (4) discussing with staff members concerned the areas of strengths and weaknesses inherent in the preparation of speech therapists from the standpoint of field observations.

Part II

QUALIFICATIONS OF SPEECH AND HEARING THERAPISTS

Chapter 6

PREPARATION AND CERTIFICATION

Personal Qualifications

Those who work with children with speech problems must first of all be representatives of good speech, free from defects of articulation or voice. Hearing acuity must be in the range of "normal." Because of the leadership aspects of their work speech and hearing therapists should be able to communicate effectively both orally and in writing. In addition to a broad cultural background they must be well trained and skilled in the techniques of this particular field. They need to develop an objective attitude toward and a strong interest in children with handicapping conditions.

Professional Qualifications

All speech and hearing therapists employed in Ohio must hold the Bachelor's degree and have courses in this area of specialization from an approved institution. The courses listed for certification are to be regarded as minimal. All approved universities* in Ohio require additional professional courses for preparation in this field and their graduates meet the requirements for clinical certification in the American Speech and hearing Association.

A. Courses in Education.................17 Semester Hours

Courses shall be distributed over the following areas with at least one course in each area:

1. Educational Psychology

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* These universities are listed in Chapter 1, p. 17.

2. Principles of Teaching (or Education)
3. Elementary and secondary classroom organization and management (emphasizing curriculum, procedures and materials)
4. Educational Methods
   Organization and administration of a public school speech and hearing therapy program
5. Student teaching and supervised field work in speech correction and lipreading (minimum of 100 clock hours in public schools)

B. Courses in Psychology ---------------15 Semester Hours

Courses shall be distributed over the following areas with at least one course in each area:

1. Personal Adjustment or Mental Hygiene
2. Psychology or Education of the Exceptional Child
3. Child Growth and Development or Child Psychology
4. Adolescent Psychology
5. Psychology Tests and Measurments
6. Psychology of Speech (emphasis on stuttering)

C. Courses in Speech and Hearing------24 Semester Hours

Courses shall be distributed over the following areas with at least one course in each area:

1. Voice and Articulation
2. Phonetics
3. Beginning Speech Correction or Pathology
4. Advanced Speech Correction or Pathology
5. Introduction to Audiology (Audiometry)
6. Clinical practice in Speech Therapy (75 clock hours minimum)
7. Methods in Speechreading
8. Clincal practice in Speechreading (25 clock hours minimum)
9. Elective in Hearing

Types of Certification

The Division of Teacher Education and Certification, 605, State Office Building, Columbus 15, Ohio, is responsible for the issuing of all types of certificates for public school personnel.

Provisional certificates for speech and hearing therapy are valid for four years. These are renewable upon satisfactory evidence of the applicant's professional standing and teaching success.

Professional certificates, valid for eight years, are issued to those who have had 24 months of successful teaching experience in Ohio under the provisional certificate and 18 semester hours of additional training.

Permanent certification may be obtained upon evidence of (1) Forty months of successful experience under the eight year professional certificate.

Tenure

Eligibility for a continuing contract requires the possession of a professional, permanent or life certificate.

Out of State Credentials

Speech and hearing therapists prepared in a university in another state may be certificated in Ohio providing:

A. The pattern of training is substantially equivalent to the Ohio requirements.

B. The applicant holds a valid certificate, of the type applied for, from the state in which the training was completed.

C. The institution in which the training was completed is currently approved for teacher education by its own department of education.

Part III

GUIDE FOR SPEECH AND HEARING THERAPISTS

Chapter 7

BUILDINGS AND FACILITIES

The number of buildings apportioned to one speech and hearing therapist will vary according to the local situation. In large school systems the assignment of buildings is usually made by the coordinator of the program.

In the distribution of buildings among therapists in large city systems, consideration should be given to the number of children needing therapy, the type and severity of the problems presented, the availability of adequate space for therapy and provision for a cross section of socio-economic environment. Where the enrollment of each elementary building is over 500, four buildings may be considered maximum.

If the speech therapist is to do his best work, he must keep in close touch with classroom teachers and parents. He needs to spend sufficient time in each building to develop a rapport with teachers. The limitations of the number of buildings served by one therapist is designed to channel his time and energy into the therapy aspects of the program. (Standard 9.24)

Where the number of buildings exceeds the number which can be served by the available therapists, a plan for rotation may be adopted. The minimum time which a therapist should service a building is one year, since little gains will be evidenced by a shorter stay. One large city system has established a policy of rotation every three years to insure a larger percentage of corrections. Children dropped from therapy too soon are likely to regress to their original status.

Buildings which house classes for multiple - handicapped children should receive continuous service.

No discussion of an effective speech and hearing therapy program would be complete without some emphasis placed upon the importance of the setting in which classes are conducted. The efforts of the best qualified therapist will be minimized in poor surroundings. (Standard 9.4)

The first impression visitors receive of the quality of the work being done is through the arrangement and use of furniture and equipment and the creativeness of the therapist in displaying charts and materials used for motivation of the children. The speech therapist should take pride in making the rooms as attractive as possible. Mirrors and furniture should be kept clean. "Room helpers" may assist the therapist in readying a room used for other activities.

Once the therapy schedule is established, it should be strictly adhered to. When the same room is made available to the speech therapist on all his visits, the teachers will know where to find him and the children will be accustomed to going to that room. Requiring frequent change of rooms undermines the morale of the children.

Materials needed for workbooks or teaching devices, and provisions for typing can usually be secured through the proper channels.

Some funds may be budgeted for small current purchases of books helpful to the classroom teacher, and toys or games for motivation of speech drill. These remain the property of the school system to be passed on to succeeding therapists.

Chapter 8

ORGANIZATION OF CLASSES

The speech therapist's responsibilities are to the child, his teacher, his parents and the school and community. Certain principles of organization are basic to the establishment and smooth functioning of a good speech and hearing program. If he is to provide services of high quality he should establish goals leading to an optimum program. The following recommendations have the endorsement of many key persons responsible for the administration, supervision or preparation of speech and hearing therapists. They are followed by many successful therapists in Ohio.

Identification of Children

The speech and hearing therapist's first responsibility is the identification of children with speech and hearing problems and the establishment of a plan of priority for class enrollment. A speech survey conducted by the speech therapist is the most thorough method of finding children with speech problems. Selection of children from teacher referral only will over-look children with problems which the speech therapist may consider more urgent. In new programs the number of children screened will depend upon the total school enrollment.

Some classes can be started as soon as a sufficient number of children have been identified as needing service in a particular building. The speech survey may be continued on co-ordination day until such time as it is completed.

Since the number of children to be screened each year is usually large, a method encompassing one to two minutes per child needs to be developed. All children subsequently enrolled in speech therapy should have a thorough diagnostic study.

School districts with relatively small enrollments may wish to begin speech screening in the kindergarten or first grade. Those with large enrollments may find it desirable, to begin screening at the second grade plus children referred from first grade and kindergarten teachers. Survey plans and procedures should be discussed with the immediate supervisor and with the principals of each building involved. A complete survey needs to be made only once. In subsequent years, the grade beginning the initial survey plus children new to the building need screening in addition to students retained from the preceding year's speech class enrollment. Yearly surveys should provide for a recheck of children previously dismissed from therapy.

Selection of Children

The case load may range from 75 to 100 children per speech and hearing therapist at any one time. The final selection is left to the discretion of the therapist. To provide a balanced teaching load, the program should include some children whose speech problems indicate short term therapy. In a new program, the value of speech correction may need to be proved during the first year or two. The more serious problems require a longer period of therapy and are often slow to show improvement.

Speech therapists in Ohio are certificated to work in grades kindergarten through 12. The establishment of policies for the enrollment of children in speech therapy is one of the most difficult areas of the speech therapist's activities, since so many factors of individual differences are involved. The following criteria may be considered basic in the selection of children:

1. **Maturity.** Speech therapists need to have a thorough knowledge of speech development in order to select wisely those children who are able to profit from speech therapy. Discretion should be used in enrolling kindergarten and first grade children since many of these children have sound substitutions called "baby talk" which will clear up with maturation. However, the grade placement should not be the determining factor since valuable time may be lost for

those children whose problems point to as early enrollment as possible.

2. **Severity.** If the severity of the problem is such that it interferes with the child's ability to communicate or is affecting him emotionally he should be enrolled if factors of maturation and intelligence warrant it. Priority should also be given those children whose difficulties stem from an organic basis.

3. **Hearing.** Preference in the case load should be given to those children who need speech-reading and auditory training. Their need is greatest because without special help they are unable to progress educationally at the normal rate.

4. **Intelligence.** For the child who is mentally retarded, the services of a speech and hearing therapist can be utilized best in helping parents and classroom teachers plan and develop a program of speech training. Periodic visits to classes for slow-learning children may be made on coordination time. The ability of many slow-learning children to profit from twice a week therapy sessions is questionable. Speech improvement on a daily basis by the classroom teacher seems the better plan. Children from slow-learning classes who can profit may be enrolled in speech therapy classes. A mental age of six or better, plus evidence of development of independent work skills, may serve as a guide for speech therapy.

5. **Prognosis.** The degree of effort put forth by the child and his willingness to carry out assignments are factors basic to the success of therapy. The cooperation of parents and teacher as well as the degree of organic involvment, consistency, and number of sound substitutions, are factors of equal importance in the prognosis of a given child.

Keeping the above mentioned factors in mind, the eligibility of children selected for speech therapy will be determined by (1) **thorough** diagnostic speech test including examination of the oral mechanism; (2) audiometric tests preferably given by the therapist; (3) examination by school or family doctor where necessary; and (4) psychological study where indicated.

Children from Other Schools

The speech and hearing therapist in Ohio works as an itinerant teacher so that as many children as possible may receive instruction in their own schools. This plan takes less time from the classroom, provides more opportunities for teacher conferences and for integration of speech class activities with work being done in the classroom.

A plan for transporting children to the nearest center for speech therapy may be followed, although this is not always satisfactory. Scheduling of these pupils at the beginning and end of sessions results in less time lost from class. If these children are grouped with others in the center with like problems, their absence will not mean lost time for the therapist.

Children With Multiple Handicaps

A child with multiple problems receiving home instruction under a program approved by the Division of Special Education may be scheduled for speech therapy at home if he can profit. The therapist may schedule him as part of a regular day's work or on coordination time.

Visually or orthopedically handicapped children enrolled in regular or special class should be scheduled according to the same criteria used for other children.

Children Not Eligible for Therapy

Children who are reluctant to talk, have weak volume due to feelings of insecurity, or reading disability not related to speech disability, should receive speech therapy only if professional recommendations have been given for such work.

Children receiving private instruction in speech therapy should not be enrolled in the school program. The speech therapist may interpret their needs to the classroom teacher. If private therapy is terminated before the disorder is corrected, children may then be enrolled in the school therapy program.

Children under psychiatric study should not receive speech therapy unless the psychiatrist so recommends.

Scheduling

Speech therapy classes should be in operation as early in the school year as possible. In well established programs this should be at the beginning of the third full week of school. Because of the initial screening, classes in new programs should be under way by October 1st.

Classes should continue to the last day of the school year on which classroom teachers meet their classes. This procedure is necessary because of the many unavoidable interruptions in the regular school routine due to holidays, field trips and special programs. Frequent interruptions prolong the term of therapy.

A. **Elementary Classes.** Classes scheduled Monday and Thursday or Tuesday and Friday, provide the most even-spread of time intervals.

Since the room used by speech therapists is often shared by others, this time interval is not always possible. Wednesday afternoons are preferred by most therapists for coordination activities, but another day may make for better integration with the total school program.

For children initially enrolled, twice weekly lessons for 30 minute periods are considered minimum. If at all possible children with severe speech problems should be scheduled three or more times a week. A portion of coordination time may be used for additional therapy periods.

When a child has attained a fair mastery of speech skill, he may be scheduled for onec-a-week classes. As he gains in his ability to "carry over" he may be asked to report periodically at longer intervals.

B. **High School Classes.** A well rounded speech therapy schedule includes scheduling of some high school students. A speech problem at this age is more likely to affect the pupil's relationship to his peer group. If not corrected, this problem will continue into adult life and, if severe, may be a limiting factor in employment.

Planning an effective schedule for high school students presents a greater challenge because many principals and teachers are reluctant to release them from class. Skill and tact on the part of the speech therapist is needed to convince the faculty that speech and hearing therapy is a part of the total education program.

As much as possible, the speech therapist should schedule students from study halls. If the therapist's time is to be used to best advantage, some time will have to be taken from classes. In the spring, a list of students needing therapy can be submitted to the principal so that the fall schedule of the students can be arranged to provide time for speech therapy class.

Another plan for scheduling high school students is to set up the speech therapy classes on a rotating schedule so that released time is evenly distributed among several classes.

Where possible, junior and senior high school students should be seen twice weekly. A once-a-week schedule is satisfactory if the students are faithful in carrying out assignments. The length of the class periods may be the same as for other high school classes.

The cooperation of teachers and principals in maintaining regular schedules for children enrolled in speech and hearing therapy will be facilitated by posting schedules in all administrators' offices as well as in the speech room. Classroom teachers should have their pupils schedules. Schedules should be kept up to date at all times.

Once established, the speech therapist should adhere closely to the schedule. He has the same responsibility for regularity in attendance as does a teacher. If there must be a deviation from the schedule, pupils, teachers and principals should be notified in advance.

Grouping

The speech therapist is free to schedule children according to the plan which best serves their needs. In each school there may be some children who should have individual instruction. The best results can usually be obtained in groups composed of children with like or similar difficulties since individual participation is likely to be increased.

Chapter 9

THE INSTRUCTIONAL PROGRAM

Lesson Planning

Good lesson planning utilizes every minute of the speech class period so that each child participates actively as a listener or speaker. Techniques should be structured to provide the maximum amount of participation by each child in accordance with his ability to perform. The amount of talking by the therapist should be kept to a minimum.

Like all good teachers, the speech and hearing therapist needs to put a considerable amount of outside time in preparation of class activities. Techniques should vary from child to child and from class to class. Going through the whole day with one set of materials shows little discernment for individual differences in children or classes.

Activities which make use of classroom subject matter reinforce the idea that speech skills learned in the therapy session are to be used in the classroom as well. Vocabulary and spelling lists, social study units and arithmetic drills from the various grade levels should be secured by the speech therapist. Many children with speech difficulties have reading problems as well. Materials to be read should be at one or two grade levels below the child's current reading level. Activities based on those used in the classroom will do much to gain the respect of the classroom teacher for the speech and hearing program. He will be more ready to carry out requests by the therapist.

Size of groups should not exceed five. The instruction should be so planned that: (1) the individual needs of each child are met and (2) the activity provides continuous group participation and interaction. A few minutes of individual therapy for each child in the class cannot be considered group therapy.

High quality of teaching is based upon lesson plans which provide long term goals and immediate steps. Daily written lesson plans should indicate the methods and techniques appropriate to each child's stage of speech improvement. Brief records should be made of each day's accomplishments and a plan for the next step should be indicated. Beginning therapists will need a more detailed guide than those with years of experience. Lesson plan books furnished teachers in the system may be useful to the speech therapist as well.

Many children can be motivated through individual progress charts. Their awareness of the purpose behind the activities of each lesson enables them to keep working at their optimum.

"Carry Over"

The time a child spends in speech class may be appreciably shortened if provision for practice of newly acquired speech patterns in the classroom and in the home is definite and well planned. These assignments must be adapted to the stage of therapy of each child and within his ability to do successfully.

The majority of therapists find that individual speech workbooks are the best solution. Speech improvement is usually in direct proportion to the amount of responsibility assumed by each child. Home assignments also provide a means for continuous home contact.

For children whose parents are unable or unwilling to help them at home, "speech helpers" might be assigned for daily practice periods at school if the teachers are willing. This practice material must be carefully planned by the therapist and designed for the "carry over" phase of therapy. If drills are structured in a game-like activity they will prove pleasurable to both children. If speech helpers are recruited from children dismissed from speech class, the responsibility might well reinforce the necessity for continued good speech. The time for this help might be given before school, or at noon. It should not interfere with needed class work.

Dismissals

Once enrolled in speech therapy, children should continue until their speech problems have been corrected or improved to the limit permitted by the etiological factors involved. Where thorough diagnosis has been made and as much data concerning the child and his problems has been secured before enrollment, drop-outs due to lack of motivation should be few. After doing all he can to stimulate the child to improve, a speech therapist is justified in making a replacement from the waiting list. The child thus dismissed is put on the waiting list until such time as he feels the need for help.

The classroom teacher should be consulted to determine the consistency of "carry over." The task of the speech therapist is not completed until the child can maintain his newly acquired skills.

Dismissal from class should be given the same consideration as selection. For the child who has made the desired achievement, dismissal from a class he enjoys may be an upsetting experience for him. Tapering off at longer and longer intervals can prepare him for dismissal to the world of "grown up" speech. A child's dismissal for any cause should be understood by the administrators, teacher and parents.

Chapter 10

RECORDS AND REPORTS

Since any plan for special services must be based on a thorough study of the individual, a plan for systematic record keeping is essential. Furthermore, the high incidence of turnover in the profession makes it all the more necessary for school districts to establish and maintain adequate systems of record keeping to insure continuity of programs for children with speech problems.

The following recommendations will indicate the general type of record keeping and reporting considered essential for a good program. The format and number should be determined by a joint conference between the speech therapist and administrators since these records should conform to the system adopted by the school district. The degree of efficiency and orderliness of the therapist is indicated by the manner in which records are kept and made. Regular and systematic reports provide the best means of informing administrators, teachers and parents of the goals and progress of the speech and hearing program.

Speech therapists beginning programs will need to take the leadership in formulating a system of records for the program. Large city and county systems have standardized the forms to be used. Record and report forms need periodic evaluation to determine whether they are adequate in the light of recent research.

1. **For the Child.** Since many children with speech and hearing problems have a background of physical defects and/or environmental problems, individual case records are necessary. A manila folder or record sheet should be kept for each child enrolled in therapy. This record should contain:

Complete diagnostic speech test, including a record of examination of the speech structures (sample form may be secured from the State Supervisor of Speech and Hearing Therapy).

Audiogram (if there is a hearing loss) or date of audiometric screening test.

Notation of any physical defect which may be a contributing factor to speech pathology.

Summary of psychological report where this report is incicated.

Results of any special tests.

Periodic reports of progress of therapy.

Record of attendance.

Record of teacher conferences.

Notations of parent conferences and home visits.

Child studies (ten to fifteen percent of case load).

2. **For the Parents.** After the survey and scheduling have been completed, a letter should be sent to the parents informing them that their child has been enrolled in speech therapy.

Progress reports to parents and definite dates set for their visits to class will foster closer relationships between the home and school. Home assignment sheets or workbooks keep the therapist and parent working together.

Some school systems have the policy that all letters to parents are also to be signed by the principal. Keeping the principal informed enables him to answer parent inquiries when the therapist is not in the building.

3. **For the Teacher.** Progress reports made periodically to the classroom teacher enable him to gain a better understanding of the problems of the children enrolled in speech therapy. Directions given the teacher for follow-up should be simple and within his time and ability to do.

4. **For the Administrator.** Six or nine weeks reports summarizing the activities of the speech and hearing program keep principals and superintendent currently informed. If these report forms are made in keeping with the items

required for the annual report to the Division of Special Education, less time for making this report is required at the end of the year.

5. **For the State Department of Education.** An annual report summarizing the work of the therapist is requested in duplicate of each speech therapist. Forms are provided by the Division of Special Education. One copy is to be kept by the superintendent and the other sent to the Division of Special Education at the end of the school year.

Chapter 11

COORDINATION DAY

A necessary and vital part of the speech and hearing therapist's work is the time allotted to related services. Because the child with a speech problem may have other problems requiring the services of specialists in other fields, it is the therapist's responsibility to plan the details of this collaboration. A speech defect may be symptomatic of deeper, more basic problems involving physical, mental, emotional or educational factors. Speech therapy will not be effective unless the therapist is aware of these needs and has the time to confer with teachers, administrators, nurses, doctors, otologists, psychologists, social workers, parents or others concerned with the well-being of the child.

In order that needed speech therapy classes be uninterrupted, a block of time designated as "Coordination Day" should be provided in the weekly schedule. The recommended amount of time is one-half day for school systems providing for a number of other specialized services. A full day may be justified if the therapist is expected to provide consultative services in buildings not scheduled for speech therapy classes. A full day may also be given one therapist, designated as chairman, for technical assistance to beginning therapists or those new to the system. Additional coordination time may be needed by the chairman in school systems employing eight or more speech and hearing therapists.

The day of the week designated for coordination activities will depend upon local conditions. Wednesday is preferred by many therapists since it provides a more equal time interval for classes meeting on Monday and Thursday or Tuesday and Friday.

Coordination Day activities may vary from week to week, depending upon the time of the year and the demands for certain types of services. The numerous activities of this day make it the busiest one in the therapist's schedule. They include:

1. Conferences with parents at school, or home visits.
2. Visits to classrooms to observe how children with speech problems perform in that particular situation.
3. Consultation with school nurses and doctors and with otologists, pediatricians, family doctors, psychiatrists, and other medical personnel concerned with the child's welfare.
4. Consulations with psychologists, guidance counselors, and social workers from community agencies.
5. Telephone conferences with persons concerned with child's welfare.
6. Initial individual diagnostic speech testing, speech screening, re-evaluations of previously active cases.
7. Diagnostic hearing testing, re-testing and follow-up of previous hearing tests, and working with nurses in hearing screening testing programs.
8. Individual therapy for children who need additional attention.
9. Recording information from school records.
10. Checking children referred during the year.

It is advisable to keep a close accounting of Coordination Day activities to include in reports to principals, supervisors and superintendents. School personnel employed in a professional capacity, cannot maintain a high level of competence within the time allotment of a school day. The speech therapist must expect to devote additional time to record keeping, lesson planning, and preparation of materials for children, teachers and parents.

Chapter 12

SCHOOL AND COMMUNITY RELATIONSHIPS

Speech and hearing therapy should be considered a vital part of a total educational program. Favorable relationships between the speech therapist, the school and the community are basic to the success of the entire program. The speech therapist cannot operate as a lone entity. Lines of communication and cooperation with all individuals and agencies concerned with the welfare of the children with speech problems must be constantly maintained.

Public school speech therapists must understand the framework of the program in which they operate. They have certain obligations to the school system such as conforming to school policies, hours of work, scheduling classes with the cooperation of teachers and administrators, adherence to schedules, attendance at faculty and P.T.A. meetings, and membership in specified educational organizations.

Relationships With Teachers

The speech therapist's work with teachers can be strengthened if he learns to know them and to become a part of the faculty in each building. Classroom visits by the speech therapist to observe children enrolled in speech therapy offers an opportunity to gain more information concerning their abilities and social adjustments. The teacher can usually supply information of value in planning therapy. The teacher should be made to feel that the child and not himself is being observed. Conversely, classroom teachers should observe the children from his room during a therapy session.

The attitude of the classroom teacher toward the speech and hearing therapy program and the children with speech problems can do much to forward or retard the work. The speech therapist must often take the initiative in establishing rapport. Time before and after school or at noon can be utilized for conferences.

The speech therapist should be appreciative of the teacher's efforts in arrangement of displays and exhibits connected with work units. Speech class activity may often be structured to complement regular class work. For instance, drill in arithmetic could be provided by using numbers with the child's sounds, or ear training might be combined with the week's spelling words.

Relationship With Nurses

Nurses employed by the local school district or the county health department may be able to give the speech therapist information concerning family background or other pertinent data about children enrolled in speech therapy. She is responsible for medical follow up of all children including those enrolled in speech therapy. The speech therapist may take the initiative in establishing a working relationship with the nurse. The responsibilities of each will vary from one district to another. The speech therapist may supplement the work of the nurse in follow-up of children with speech and hearing problems, but he does not take over duties originally performed by the nurse.

Relationships With Psychologists

An ever increasing number of school psychologists are being employed by local districts. Where this is not the case, the speech therapist will need to find the nearest source for child study services. This may be the county board of education, mental hygiene clinic or a university psychology department. In some instances the decision to enroll a child in speech therapy class may depend upon a psychological evaluation. The speech therapist may need to know what system of priority the psychologist uses in selection of children to be evaluated and to discuss with him the need for as early evaluation as his work load will permit so that enrollment in therapy, if indicated, can be made as soon as possible. The psychologist and therapist should provide continuing evaluation for children with multiple problems.

Relationships With Other School Personnel

As mentioned earlier, the local administrators, and principals can give much needed information concerning the background and abilities of children. The elementary supervisor can provide information concerning the language arts skills to be expected at each grade level. She can also evaluate the techniques used by the therapist in terms of readiness of a given child for this type of activity.

Guidance and vocational counselors at the high school level can do much to encourage children with speech problems to accept the assistance of the speech therapist. These counselors may also suggest the best way to approach a child who resists enrollment in speech class as well as to provide background information concerning educational and social adjustment.

Relationships With Parents

Parent counseling has always been considered an integral part of speech rehabilitation. It requires tact, poise and diplomacy as well as insight into the problems of others. Judiciously done, it is an important factor in the success of therapy.

The total time a child spends in speech therapy classes may be appreciably shortened by cooperative parents who are able to follow instructions given by the therapist. Parents need to understand their child's speech in relation to the normal development of speech and to gain insight into the way their behavior toward the child may affect his speech progress.

Opportunities should be made for parents to visit speech classes and periodic reports should keep them informed concerning their child's progress. Before asking for assistance, the therapist should determine the willingness and ability of the parent to carry out suggestions given for help. In instances where it would seem unwise for parents to work with their children, other persons may be asked to work with the child when the stage of therapy warrants this help.

Parents should be willing to:

Supply as accurately as possible all information concerning the child and his environment that is necessary from a clinical point of view.

Carry out recommendations for follow-up work at home, change of routine, or change of family relationships where indicated.

Carry out recommendations for medical and psychological services.

Arrange to visit the child's speech class.

Attend parent discussion groups arranged by the speech therapist.

Develop an objective attitude toward the child's speech problem. Show interest in speech class activities. Make home practice outlined by the speech therapist a short, pleasant experience daily.

Give encouragement to other parents of children with speech and hearing problems.

Community Relationships

The speech therapist needs to know what local groups and agencies are concerned with child welfare, the extent and type of service provided by each, and the name, address, and telephone number of the key persons in each. These organizations include: medical and dental societies, public health clinics, child guidance clinics, welfare and vocational rehabilitation agencies, hospitals, and service clubs.

The speech and hearing program may be strengthened by keeping the public informed of the progress and continuing needs of the program through newspapers, radio and television as well as talks and demonstrations to community groups. Public interest results in increased support by school administrators, greater acceptance of the program by the community and expansion of the benefits derived from the program.

A program established in an area where it is the only service of its kind is closely appraised by persons in nearby communities. Successful programs pave the way for further expansion.

Some children need more extensive diagnosis and treatment than can be supplied within the framework of public school speech and hearing therapy. Sources of help outside the public schools fall into four general categories: university speech and hearing clinics; speech and hearing centers sponsored by private and volunteer organizations, therapists engaged in private practice; clinics dealing with such specialized problems as cerebral palsy, cleft palate, mental retardation and only secondarily with speech and hearing problems.

Chapter 13

SOURCES OF HELP

STATE

State Department of Education
Supervisor of Speech and Hearing Therapy
Supervisor of Deaf and Hard of Hearing
Division of Special Education
40 South Third Street
Columbus 15

State Department of Education
Division of Vocational Rehabilitation
309 Hartman Theater Building
Columbus 15

State Department of Health
Hearing and Vision Conservation Unit
101 N. High Street
Columbus 15

State Department of Public Welfare
Division of Social Administration
Crippled Children's Services
Oak and Ninth Streets
Columbus 15

Ohio Society for Crippled Children and Adults
311 Kendall Place
Columbus 5

REGIONAL

Children needing more intensive diagnosis or treatment than the speech and hearing therapist is qualified to give may be referred for further study to the nearest university speech clinic. (See p.----)

District Health and Vision Consultants. (See p.----)

LOCAL

Every speech therapist's personal file should include the name, address and telephone number of the contact person of all local agencies and groups interested in child welfare. When assistance has been secured from one of these groups, a letter of appreciation should be sent to the agency and periodic reports made concerning the use of equipment given, or the result of services received. These reports are important in maintaining local rapport.

The type and number of local services available will vary from one community to another. A partial listing of the types of local agencies may include:

- County and City Health Departments
- County and City Welfare Departments
- County and City Medical Societies
- County Society for Crippled Children
- Mental Hygiene Clinics
- Hearing and Speech Centers
- Civic groups interested in youth

PROFESSIONAL ORGANIZATIONS

American Speech and Hearing Association
1001 Connecticut Avenue, N.W.
Washington, D.C.

American Hearing Society
1800 H Street, N.W.
Washington 6, D.C.

Council for Exceptional Children
1201 16th Street, N.W.
Washington 16, D.C.

Speech Association of America
Department of Speech
Louisiana State University
Baton Rouge, Louisiana

Volta Bureau
1537 35th Street, N.W.
Washington 7, D.C.

Chapter 14

PROFESSIONAL RESPONSIBILITIES

For Personal Growth

The acquisition of a university degree at any level is just the beginning of knowledge. Speech therapists should constantly keep in mind the need for further training and information in order to keep up to date in a rapidly changing field. Publications of various organizations, new research, participation in workshops, conferences and conventions as well as advanced study offer opportunities for professional growth.

The Ohio Speech and Hearing Association and the American Speech and Hearing Association offer members the opportunity for meeting leaders in the field at their conventions and for keeping informed concerning trends through their publications.

Graduates from universities in Ohio approved for preparation of speech therapists are eligible for clinical certification in the American Speech and Hearing Association.

For Recruitment

Two factors in Ohio point to the need for all therapists to participate in recruitment; these are the high percentage of turnover and the demand for public school speech therapists which far exceeds the supply. Therapists may gain recruits by:

1. Participating in high school career days. (Career bulletins are available upon request from the State Supervisor of Speech and Hearing Therapy.)
2. Talking to school guidance personnel.
3. Encouraging classroom teachers to begin graduate work leading to certification in this field.
4. Encouraging high school students to observe speech therapy classes on career days.

CODE OF ETHICS
OF THE
OHIO SPEECH AND HEARING ASSOCIATION

Loyalty and regard toward the association shall be manifested by:

a. Upholding the honor and dignity of the Association.

b. Promoting the welfare and interests of the Association and its members.

c. Establishing leadership and inspiring the regard of the general public in the field of speech and hearing therapy.

Members shall safeguard as confidential and secret, conversations, case histories, diagnostic information and names of speech and hearing patients. Such privacy shall be protected both through adequate security of records and careful communication.

Members shall consider the following practices as unethical:

1. To guarantee to cure any disorder of speech.
2. To offer in advance to refund any part of a person's tuition if his disorder of speech is not arrested.
3. To make "rash promises" difficult of fulfillment in order to gain profit financially.
4. To use blatant or untruthful methods of self-advancement.
5. To advertise to correct disorders of speech entirely by correspondence.
6. To attack the work of other members of the Association or any Allied Association in such a manner as to injure their professional standing and reputation.
7. To attempt to deal exclusively with speech and hearing patients requiring medical treatment without the advice of or on the authority of a physician.

8. To continue treating a person after obvious recognition that he cannot improve beyond a certain point.
9. To charge exorbitant fees for treatment.
10. To use membership in this Association as part of an advertisement.

Part IV

THE HEARING PROGRAM

Chapter 15

AUDIOMETRIC TESTING

Legal Basis

The board of education or board of health providing a system of medical and dental inspection of school children, as authorized by section 3313.68 of the Revised Code, shall include in such inspection tests to determine the existence of hearing and visual defects of school children. The methods of making such tests and the testing devices to be used shall be such as are approved by the Department of Health.

Section 3313.69 further provides that any child shall be exempted from a hearing test if he has been examined by a regularly licensed physician upon presentation to the school authorities of a certificate to the effect that he has been so examined during the twelve months immediately preceding the date of such inspections.

Section 3313.73 of the Revised Code states, "If the board of education of a city, exempted village or local school district has not employed a school physician, the board of health shall conduct the health examination of all school children in the health district and shall report the findings of such examination and make recommendations to the parents or guardians as are deemed necessary for the correction of such defects as need correction. This section does not require any school child to receive medical examinaton or medical treatment whose parent or guardian objects thereto."

Audiometric Testing

The Ohio Department of Health estimates that two and one half to three percent of the children of Ohio need referral to a physician for diagnosis and treatment of a hearing disorder. The recommended basic **minimum** screening program should include the testing of:

1. All children in grades, three, six and nine
2. Children referred by teachers and nurses
3. New students entering school beyond the grade of initial screening.

The number of children to be screened in a given district should be predicated upon the availability of personnel to do follow-up work and the medical and educational resources available locally. Where adequately trained personnel is available, it is highly desirable to screen all children entering school.

Individual pure tone audiometry is the method recommended for school screening programs. Two types of tests are given:

1. A sweep test
2. A threshold test

The sweep test should be administered at a sound pressure level of 15db at frequencies of 250, 500, 1000, 2000, 4000, and 8000 cycles per second. A child who fails to hear one or more of the tones in either ear is referred for a second sweep test. If he fails the second sweep test, a threshold test of hearing acuity should be given at the same frequencies as the sweep test.

Nurses, volunteers, technicians, and speech and hearing therapists may be used in the sweep testing phase of the program. Wherever possible nurses and speech therapists should be relieved from doing sweep testing so that their professional skills may be used to better advantage in other phases of the program. Generally, volunteers should not be expected to give the threshold tests since this procedure requires more preparation and training than they can be expected to acquire.

Medical Follow Up

Referral to a physician should be based on the following factors:

1. Results of the threshold test
2. Significant observation by the classroom teacher

3. History of previous illness and ear disorders
4. Conditions under which the test was administered

The Role of the Speech Therapist in the Hearing Program

The speech therapist's first responsibility is to help the hard of hearing child to develop discrimination of speech sounds and patterns through auditory training, to acquire speech reading skills, and to adjust to the school program. The therapist may also need to see that the recommended otological examination is secured and a hearing aid procured if needed. Procedures for follow-up activities should be planned in cooperation with the school nurse. Counseling with parents and classroom teacher is also essential in helping the child adjust to his hearing problem.

In rare instances, where immediate educational assistance seems imperative, and the otological examination has been postponed for one reason or another, the therapist may enroll the child with hearing impairment in speech therapy for a period of not more than three months. During this period every effort should be made to secure the needed medical diagnosis or treatment.

There may also be certain instances where the speech therapist may need to assume some responsibility for a deaf child. (See Chapters 13 and 14) He may need to take the initiative in assembling the necessary date for proper school or class placement. He should serve as a liaison person between the child and teachers when the student transfers from a special to a regular class. Children should be transferred to regular classes when they have developed adequate speech and academic background or are ready for high school. Regular class placement is contingent upon the student's ability to keep up with his grade.

The extent to which the speech and hearing therapist participates in the hearing testing program will necessarily be governed by local policies and conditions. The therapist routinely checks the hearing of all children enrolled in speech class. His chief responsibility is to do speech therapy and he should not be expected to do extensive hearing screening. He should be available upon request to retest children whose problems present difficulties. Such tests may be given on coordination day.

In districts having no adequate hearing testing program, the speech therapist may wish to take the leadership in helping to develop or improve a hearing conservation program. He may ask the superintendent or coordinator of special services to arrange a conference with appropriate health and education personnel.

School districts purchasing new audiometers should check with the Ohio Department of Health for a list of approved instruments.

Literature and approved forms for the hearing program or assistance in the initiation, organization and evaluation of the hearing conservation program may be secured from the nearest Hearing and Vision Consultant in the offices listed below:

Hearing and Vision Consultant
Northeast District Office
2025 Second Street
Cuyahoga Falls, Ohio

Hearing and Vision Consultant
Northwest District Office
133½ South Main Street
Bowling Green, Ohio

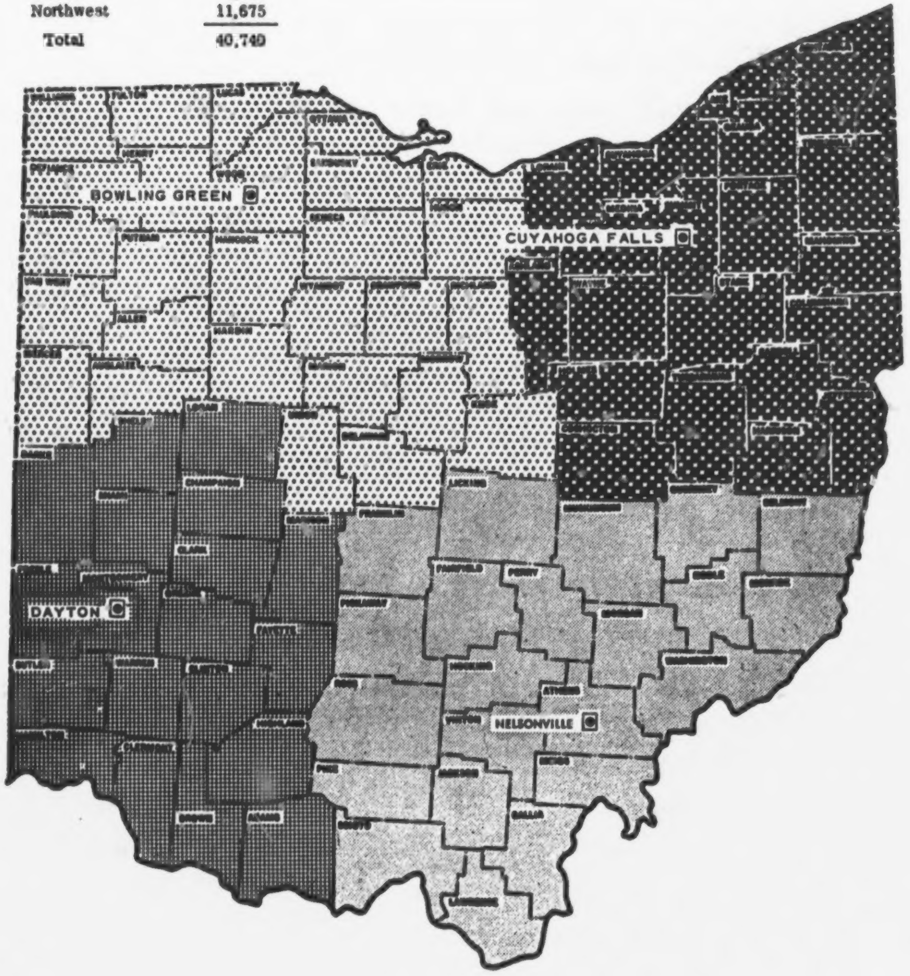
Hearing and Vision Consultant
Southeast District Office
Box 150
Nelsonville, Ohio

Hearing and Vision Consultant
Southwest District Office
310 Ludlow Street
Dayton, Ohio

Chief, Hearing and Vision Conservation Unit
Ohio Department of Health
101 N. High Street
Columbus 15, Ohio

OHIO DEPARTMENT OF HEALTH
DISTRICT OFFICE DISTRIBUTION

DISTRICT	SQUARE MILES
Northeast	9,568
Southeast	10,898
Southwest	8,599
Northwest	11,675
Total	40,740


BOWLING GREEN
CUYAHOGA FALLS
DAYTON
NELSONVILLE

Chapter 16

CLASSIFICATION OF CHILDREN WITH HEARING LOSS

There are varying degrees of hearing loss from the slightest impairment to profound deafness. There can be no hard and fast rule for placement of children with hearing impairment because the underlying etiology will vary with each individual under consideration. Two children may have comparable hearing loss but personality and maturity factors may be such that each will need a different educational program.

The following classification may be used as a general guide if we keep in mind that the educational placement must be one which will permit the child to develop to the limit of his capacity.

1. For speech reading and auditory training by the speech and hearing therapist. **Loss** of 20 to 40 decibels in the better ear in the speech range or a prognosis of progressive loss, regardless of benefit derived from a hearing aid.
2. For Hard of Hearing Class: 40-60 decibels in the better ear in the speech range, regardless of benefit derived from a hearing aid.
3. For Deaf Class: Loss of 60 decibels or more in the better ear in the speech range, accompanied by inadequate language development.

Children classified under 1. above are the responsibility of the speech therapist. Children with hearing loss should be given priority over those with relatively minor speech problems. School progress is dependent upon skill in speech-reading and use of residual hearing through a good program of auditory training.

In many school districts the school nurse is responsible for medical follow-up of all children. In other districts the superintendent may delegate to the speech therapist the responsibility for medical follow-up, when indicated, of children with speech and hearing problems.

Steps leading to the enrollment of children for speechreading and auditory training are:

1. Auditometric test.
2. Referral to an otologist of all children whose hearing loss is 20 decibels or more in two frequencies in the speech range in one ear.
3. Otological examination made and reports filed with the school nurse, with one copy provided for the speech therapist.

The speech and hearing therapist may need to take the lead in contacting community resources, local or state, for medical and rehabilitative services for children who are medically indigent. The district hearing and vision consultants of the Ohio Department of Health will provide information concerning State resources. (See Chapter 2)

Chapter 17

SPECIAL CLASS OR SCHOOL PLACEMENT

Ohio has three types of programs for children with hearing loss considered moderately severe to very severe. These are:

1. Day classes for the hard of hearing in regular public schools.
2. Day classes for the deaf in regular public schools.
3. Residential School for the Deaf. (Columbus)

The State Board of Education has established criteria for the eligibility and assignment of children for day classes for hard of hearing as follows:

3.2 **Eligibility**

3.21 Any educable child of school age with a hearing impairment, ranging from mild to moderate in the speech range (40 decible loss or more in the better ear), shall be eligible for placement in a unit for the hard of hearing. The sense of hearing, though defective, is functional with or without a hearing aid. The criteria of degree of loss are important but should not supersede the consideration of the child's ability to use speech and language.

3.22 The selection of any child for a class for the hard of hearing shall be determined upon the basis of physical, mental, social and emotional readiness after complete reports from the otologist, audiologist, and school psychologist are available.

3.23 Children placed in classes for the hard of hearing should be re-evaluated each year.

3.3 **Assignment**

3.31 The superintendent of the school district is legally responsible for the assignment of pupils to a special class. He may appoint one individual in a school district to assume the responsibility for the child's assignment. The person so designated should do the follow-up to make certain the child's educational needs are being met.

3.32 Recommendation for admission and dismissal from a unit shall be determined by a conference of and/or reports from qualified professional people who should consider cause, type, degree of impairment and age at onset, the child's ability to use speech and language and other educational needs.

Day classes for **hard of hearing** children are maintained in the following school districts:

- Akron
- Cincinnati
- Cleveland
- Columbus
- East Cleveland
- Mansfield
- Niles
- Toledo

State Board of Education standards for the eligibility and assignment of children to day classes for the deaf are as follows:

2.2 **Eligibility**

2.21 Any educable child, age three or over, with a hearing impairment ranging from moderate through severe in the speech range (60 decibels or more in the better ear), shall be eligible for placement in a special unit for the deaf. The impairment may antedate the age at which speech is normally acquired and/or the age when language is learned in the ordinary ways of normal hearing children.

2.22 Determination of eligibility shall be in terms of physical, mental, social and emotional readiness on the basis of the complete findings of the otologist, audiologist and school psychologist.

2.23 Children placed in classes for the deaf should be re-evaluated each year. The otological, audiological, pyschological, achievement, and reading test findings should be reviewed and the child placed in the educational program on the basis of these findings.

2.3 Assignment

2.31 The superintendent of the school district is legally responsible for the assignment of pupils to a special class. He may appoint one individual in a school district to assume responsibility for assigning children to a special class.

2.32 Recommendations for admission and dismissal from a unit shall be determined by a conference of and/or reports from qualified professional people who should consider cause, type, degree of impairment and age at onset, mental maturity, social adequacy and the educational needs of the child.

Day classes for **deaf** children are maintained in the following districts:

Local

- Lake
  - Painesville Township

Cities

- Akron
- Canton
- Cincinnati
- Cleveland
- Cleveland Heights
- Columbus
- Dayton
- East Cleveland
- Kent
- Lakewood
- Lorain
- Mansfield
- South Euclid-Lyndhurst
- Springfield
- Steubenville
- Toledo
- Warren
- Youngstown
- Zanesville

Children may be assigned to deaf and hard of hearing classes outside the school district of residence. Inquiries for further information regarding these two programs should be addressed to the Supervisor of Deaf and Hard of Hearing, Division of Special Education, State Department of Education.

Ohio School for the Deaf

All children who are candidates for possible placement at the Ohio School for the Deaf must be referred by the Superintendent of the child's district of residence to the Director of the Division of Special Education, 40 South Third Street, Columbus 15, Ohio.